

HUNTINGTON BEACH POLICE DEPARTMENT
City of Huntington Beach
2000 Main Street
Huntington Beach, California 92648

PERSONNEL COMPLAINT FORM

Your Name _____ Date Reported _____

Your Address _____ City/Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Date and time of incident _____

Location of incident _____

Name (if known) or description of employee(s) involved:

Name, address, phone number of witness(es):

Statement of complaint:

(USE BACK AND ATTACH ADDITIONAL PAGES AS NECESSARY)

Statement of Complaint (Continued): _____

Per the California Penal Code:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE THE RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT. EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATED TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

Please sign and date this complaint form and return it to us, so we can proceed with the investigation. You have the right to a copy of this completed form.

By signing this form, I certify that the statements contained in it are true and correct to the best of my knowledge and belief.

Signature

Date

Name (Please print)

OFFICE USE ONLY

RECEIVED BY: _____ ADMINISTRATIVE # _____

DATE AND TIME: _____ CN/DR# _____

COPY TO COMPLAINANT? YES _____ NO _____ RECORDING OR OTHER ATTACHMENTS? _____